(Name of Organization) **Standardized Grievance Form**

Employee Information		
Employee's Name:	Job Title:	Division and Work Unit:
Social Security Number:	Daytime Phone:	Mailing Address:
	Grievance Information	
Date of Occurrence:	Have you discussed this issue with your supervisor? G yes G no	Supervisor's Name:
Note: Must be within 10 days of filing	Date(s) of discussion:	Supervisor's Phone:
Issue of Grievance: (Please read the lis	st of issues that are not grievable on the back of this fo	rm.)
List specific problem(s)/issue(s). Exar	mple: written reprimand, leave without pay	, etc.:
<u>-</u>	n(s) that would resolve your grievance.	rue and factual to the best of my knowledge.
	amed on this form and attachments to this form are t	
Date Crown Criovanco: If this is a grown griovanco a	ttach a lict of all amployage who are parties to the	Employee's Signatur
	ttach a list of all employees who are parties to the gand signature. The list must also designate one employees	rievance. The list must include each employee's name byee as spokesperson for the group.
For Personnel Office Use		
Date Received		Signature of Personnel Office

Note: Grievance is not officially filed until this form is received by the Personnel Office $\label{eq:control}$

Non-Grievable Issues for Unclassified Employees

The following issues are not eligible for processing through the (Name of Organization) Employee Grievance Procedure.

- 1. Issues which are pending or have been concluded by the Georgia Commission on Equal Opportunity, or through other administrative or judicial procedures.
- 2. Performance responsibilities, expectations, and evaluations.
- 3. Temporary work assignments.
- 4. Budget and organizational structure, including the number or assignments of positions in any organizational unit.
- 5. The selection of an individual to fill a position, unless it is alleged that the selection is in violation of an agency's written policy.
- 6. Termination, demotion, reassignment, furlough, layoff from duties because of lack of work, or other actions resulting from a reduction in the work force or job abolition.

If the subject of your grievance is related to any of the areas listed above, your grievance cannot be processed through the Employee Grievance Procedure.

For Assistance

Contact:

between the hours of (8:00 a.m.) and (5:00 p.m.) Monday through Friday

Telephone: Address:

Mail, fax, or hand deliver your grievance to the following:

Name Address Telephone Fax